

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
091980, 925

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		12				
4		17				
5		10				
6		17				
7		10				
8		17				
9		10				
10		17				
11		10				
12		17				
13		10				
14		17				
15		10				
16		17				
17		10				
18		17				
19		10				
20		17				
21		10				
22	1					
23	1					
24	1					
25	1					
26	14					
27	17					
28	19					
29	57					
30	1					
31	17					
32	10					
33	17					
34	10					
35	1					
36	1					
37	17					
38	1					
39	17					
40	1					
41	17					
42	10					
43	1					
44	1					
45	1					
46	31					
47	1					
48	1					
49	1					
50						
TOTAL IND.	4					
TOTAL DEP.	15					
TOTAL CLAIMS	44					

*	*	*	*
IND.	DEP.	IND.	DEP.
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
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97			
98			
99			
100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			